C-2 Rev. 06/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Section I	,			2005 JAN 14	AM 8: 4	9	
Name of Candidate or Political Cor	•			Office Sought (if can	didate) Distr	ct (if any)	
Scott Bedke		le: ur:		SEUNE IAN	1 11.2741	27 A	
Mailing Address	☐ Check if address change.	City and Zip	7740	Home Phone		Phone	7.23
Box 89 Name of Political Treasurer		Qakley 8	<u>3346</u>	208 862	3619 2	08 431	3618
Lex H. Kuns	913						
Mailing Address	☐ Check if address change.	City and Zip		Home Phone	Work	Phone	
Box 548		Burley 833	18	208 678 5	120 20	8 6 7 8 8	3347
Section II					· · · · · · · · · · · · · · · · · · ·		
Directions: To indicate the instructional manual for rep		tes	dates and		,		
☐ 7 Day Pre-Primary	Report 3	60 Day Post-Primary R	Report	☐ Octob	er 10 Pre-G	eneral Repor	rt
☐ 7 Day Pre-General	Report 3	0 Day Post-General R	Report	Annu	al Report		
☐ Semi-Annual Repo	rt (Statewide Candidates	Only)					
Is this Report ar	amendment?	No Is the	nis a Tern	nination Report?	☐ Yes	XX No	
Section III	STATEMENT OF N	O CONTRIBUTION	S OR E	XPENDITURES			
Section IV To reach your Calendar Yea	nat I have received no confrom/	summary summary summary report's Column I	ade no ex	xpenditures during OLUMN I	this reporti	ng period	
figures to the Column II figures		ort (except on line 6).		his Period		Year to Da	te
Line 1: Cash on Hand Janua Line 2: Enter Cash Balance Line 3: Total Contributions Line 4: Subtotal (Add lines Line 5: Total Expenditures (Line 6: Cash Balance at Clo	at Close of Last Reporting (Enter amount from page 1, 2 and 3) Enter amount from page 2	2)	\$ _X \$ \$ \$ \$	4883.66 4883.66 1508.72 3374.94	\$ XX \$ 20 \$ — 2; \$ _ 19	023.31 XXXX 562.00 2583.31 9208.37 3374.94	
Line 7: Outstanding Debt to	Date		\$				
*This same figure should be **You must report the cash Note that the closing cash b	on hand at both the begin	ning of the reporting p	period and				
Data Tild D	Section V	СЕН	RTIFICA	TION			
Return This Report To: Ben Ysursa Secretary of State PO Box 83720 Boise ID 83720-0080 phone: (208) 334-2852 fax: (208) 334-2282		is a true, complete an	d correct	•	0/		

DETAILED SUMMARY PAGE

Name of Candidate or Committee

Scott Bedke

Report Covering the Period
From 11 / 13 / 04 to 12 / 31 / 04

	ED CONTRIBUTIONS Dollars (\$50.00) or Less This Period	
Total Number	Total Amount \$	
	ZED EXPENDITURES Twenty-Five Dollars (\$25.00) This Period	
 Total Number	Total Amount \$	

	Total This Period
Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$
Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ 1508.72
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	s
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 1508.72
O Number of Schedule C-2B pages Attached	
Incurred Expenditures	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+\$
Subtotal	= \$
Payment this Period (Total all C-2Bs - Payment this Period)	- \$
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$
Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$

SCHEDULE B ITEMIZED EXPENDITURES

Page of 1

of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee

Scott Bedke

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
	Cassia County Health Care Foundation Box 726		
2,2,04	Burley, Idaho 83318	\$ 550.00	\$
Purpose of Abo	ve Expenditure: Hospital Donation		
	^{2.} Cassia Reg Med Cen Volunteers/Pink Ladi 1501 Hiland Ave	ies	
12, 2,04	Burley, Laho 83318	\$_110.00	\$
urpose of Abo	ve Expenditure: Hospital Donation		
	3. Facilities Services		
	502 N. 4th Street	n= 00	
L2/12/04	Boise, Idaho 83706	\$	\$
urpose of Abo	ve Expenditure:		
	4. Times News		
12, 21, 04	132 3rd Street West	\$ 84.00	\$
14 24 0	Twin Falls, Idaho 83301	\$	9
Purpose of Abo	we Expenditure: Newspaper ads		
	5. South Idaho Press		
30 03 0	230 East Main	60.00	
12, 21, 04	Burley, Idaho 83318	\$ 60.00	\$
Purpose of Abo	we Expenditure: News paper ads		
	6 Raft River High School		
12, 21, 04	l 55 N. 100 W. Trojan Drive	30.00	
12, 21, 04	Maita, idano 83342	\$	\$
Purpose of Abo	Donation to year book		
	United States Cellular		
	2161 Overland Avenue	599.72	
L2 <u>/</u> 2 7 /04	Burley, Idaho 83318	\$	\$
Purpose of Abo	we Expenditure: 2 months cell phone bill		
	8.		
		\$	\$
Purpose of Abo	ve Expenditure:		
	9.		
//		\$	\$
Purpose of Abo	ove Expenditure:		
	Subtotals of Columns A & B	\$ 1508.72	s
	Total This Page (add columns A & B)		1500 70
			\$ 1508.72